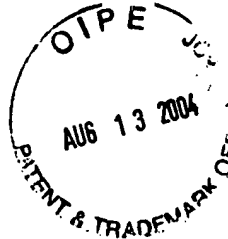




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## Deposit Account Statement

<b>Requested Statement Month:</b>	April 2004
<b>Deposit Account Number:</b>	150030
<b>Name:</b>	NORMAN F. OBLON
<b>Attention:</b>	
<b>Address:</b>	1940 DUKE STREET
<b>City:</b>	ALEXANDRIA
<b>State:</b>	VA
<b>Zip:</b>	22314

DATE	SEQ	POSTING REF	TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
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Redacted

*Redacted*

*Redacted*

04/20	1	10019290	217584US2PCT	8021	\$40.00	
				1806	\$180.00	\$21,530.

*Redacted*

04/20	1	10019290	251481US0PCT	1614	\$4.00	\$21,530.
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